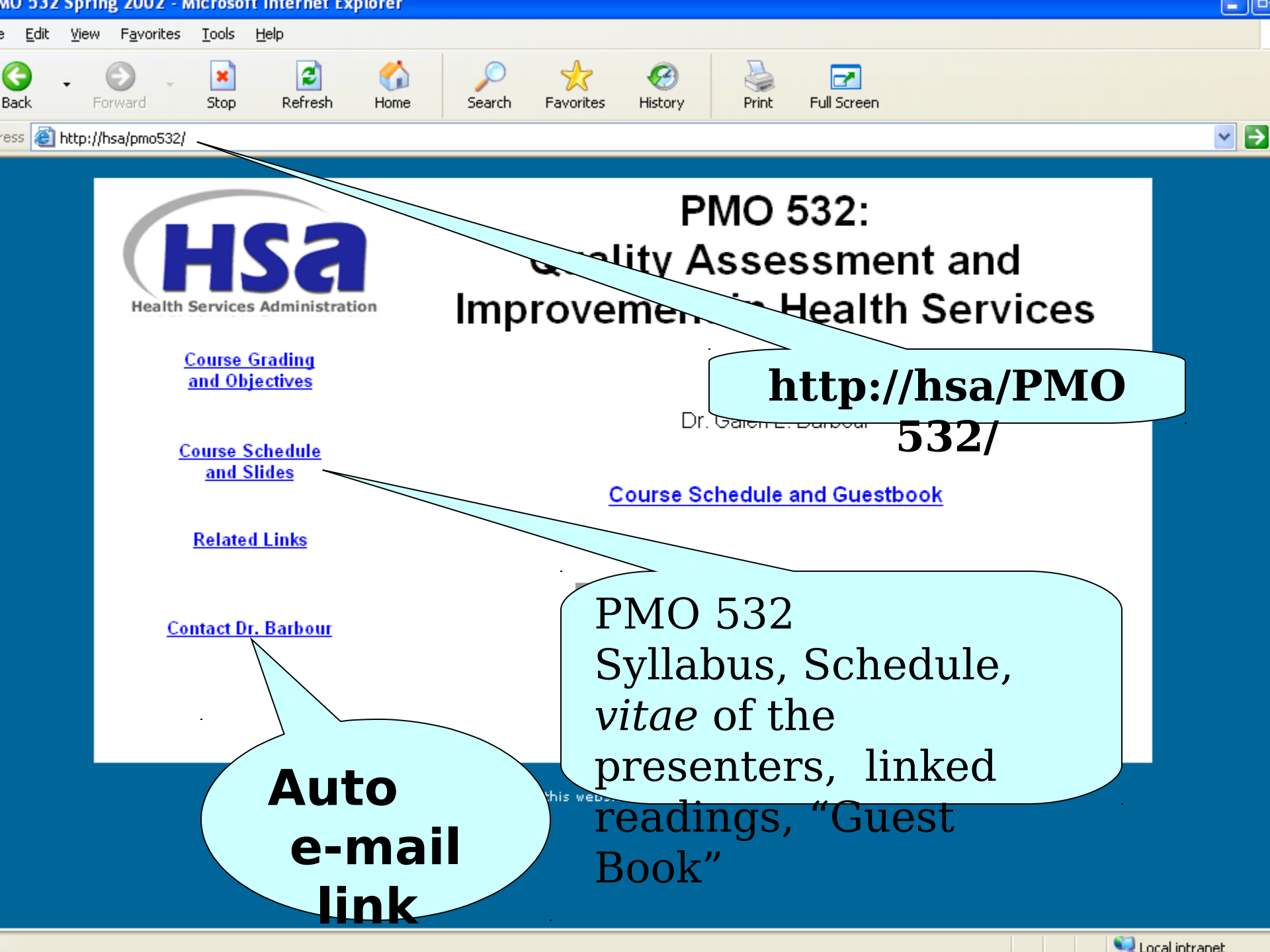
Definition of Quality

&

Measurement Systems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PMO 532 Syllabus, Schedule, *vitae* of the presenters, linked readings, "Guest Book"
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Reading Assignment Scores - Microsoft Word
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Reading Assignments
PMO 532 Spring 2003
Class Period

2	3	4	5	6	7	8	9	10	11	Card	Student
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	√		√		√			√	√	10♦	
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Written assignments for each class (indicated in the chart above with a √) are due the beginning of the class period. They will be graded with a possible score of 10 points maximum for each paper other than that due at the beginning of class 11. The class 11 paper will be worth 15 points. Papers should (briefly) present the student's analysis of:

1. the relevance of the information to HSA and
2. the relevance of the information to federal medicine.
   (relevance in this instance means "are the findings applicable?", "how do these findings relate to delivery of health care in America, its cost or its quality?" "How could the federal health care sector directly or indirectly benefit from these findings?" "Is it practical to implement these findings or recommendations within the federal health care system(s)?"

If the paper involves primarily federal medicine, the focus of the student's remarks should be on the relevance of the findings to the non-federal sector.

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Key Points:

Grading: 55 points on papers

45 points on participation

(participation = asking questions on Guest Book weekly and adding to the discussion in class)

History of “measuring” quality

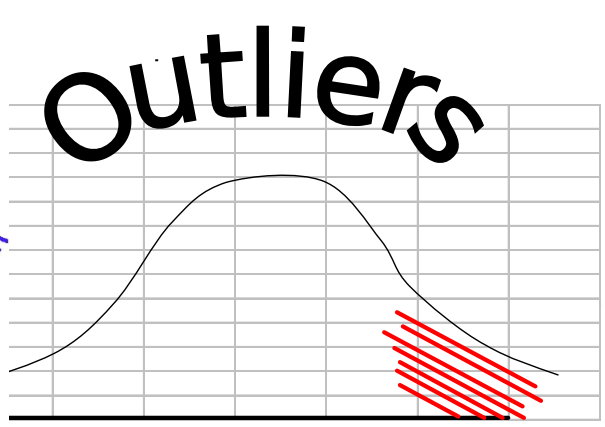
1. **Cost Concerns**

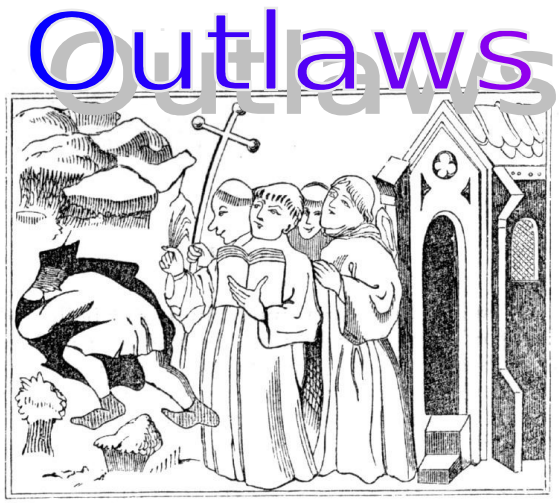
- **Managed Care & pre-paid insurance**
- **UR & UM pushed by 3rd Parties**
- **Federal involvement post-1965**

History of “measuring” quality

2. Quality concerns

- 1950 – 1980 : **Era of Two-Letter Q**
  - QC and the medical Audit
  - JCAHO focused on structure
  - QA: screens and risk management





History of “measuring” quality

2. Quality concerns

- **Awareness of the Final Outcome**
- **mid-1980s HCFA published mortality rates for cardiovascular surgery in NY**

immediate reaction:

“Your data is Bad” 👉

👉**“My patients are older and sicker”**

History of “measuring” quality

3. Shifting attention to:

- collection & management of valid, useful data (CPR, data banks, “report cards”)
- risk adjustment

Ann Intern Med 124:1079-1085

History of “measuring” quality

Caveats:

- Quality of Care ≠ Quality of Life
- Cost cannot be ignored
- Must balance good outcomes and the bad (risk)
- Has to include the perspective of the “customer”
- Usefulness requires measurable components

Philosophy of “measuring” quality

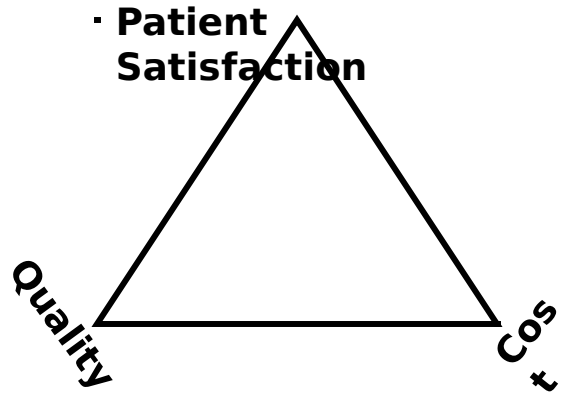
- For “value”, quality has two dimensions:
  - Provider perspective
  - Patient perspective

Note: Health Care ain’t Hondas

(but it IS service!)

SO:

Value =



Philosophy of “measuring” quality

- Patient perspective includes:
  - Each episode and the continuum
  - The ‘service’ and the outcome

Philosophy of “measuring” quality

- Cost perspective includes:
  - Each episode (the disease event)
  - The continuum (patient health & wellness)

Philosophy of “measuring” quality

- Quality must be expressed in scientific and professional terms:
  - **Structure:** credentialing, privileging, staffing, etc.
  - **Process:** methods & actions of Dx & Rx
  - **Outcome:** mortality & functionality

- Definition of Quality
- Needed
- Competent
- Caring
- Cost-effective
- Timely
- Minimize risk
- Achieves achievable benefits

21st Century needs

- ✓ Better understanding of “right”.
- ✓ More automated data handling such as: collection, comparison, analysis, graphing, reporting, etc.
- ✓ Higher degree of physician involvement and participation.
- ✓ Structured approach to continuous improvement.

Key Attributes of Appropriate Measurement Systems

- **Transparent to users**
- **WORM**
- **Valid reflection of important information**
- **Outputs variable (word, graph, pix, etc.) to meet changing needs.**

Measurement Systems

External:

JCAHO, NCQA, NPDB, Indicators,
CEPRP, IG, GAO, etc.

Internal:

QA, UR, UM, RM, Indicators,
Guidelines, C&P, OS

Next Week

Evidence there is a problem in American Health Care . . .

. . . From the Institute of Medicine and the World Health Organization.

And what about the variation . . . ?